

## Audit tool for SIGN Guideline 114: non-pharmaceutical management of depression

This audit tool is based on recommendations from the guideline and complements Integrated Care Pathways for depression being developed locally based on NHS QIS published standards (framework for local ICPs).

### **Aim**

- to help measure current practice and assist in implementation of the SIGN guideline on non-pharmaceutical management of depression in adults

### **Target patient group**

- anyone presenting with a primary depressive illness with symptoms that required treatment, irrespective of whether they were already on antidepressant medication

### **Healthcare setting**

- primary care or specialist psychiatric services

### **Instructions**

The exact methods and duration of data collection will depend on local circumstances.

There are four criteria in the audit. It would be reasonable to set a standard of 100% for each of these criteria.

For criteria 1(a), 2 and 3, the audit tool requires documented evidence of these criteria being considered or discussed with patients, rather than being offered (not all interventions are suitable for everyone but all should be considered). It is suspected that such interventions are regularly considered but that documentation of this is rare. For this reason an intervention is assumed not to have been discussed unless there is evidence to the contrary.

An intervention checklist is included. This is not part of the audit but may be used in the intervention stage of the cycle. It details all the recommendations under each of the three criteria. It is suggested this may be included in case notes of all subsequent patients suitable for the audit, after the initial cycle is complete. On re-auditing in subsequent cycles, documentation will therefore be easily accessed. It will also act as a prompt when formulating an appropriate management plan.

### **Acknowledgements:**

SIGN is grateful to Dr Julie Richardson who was instrumental in designing and piloting this audit tool and accompanying information.

## Audit tool for SIGN Guideline 114: non-pharmaceutical management of depression

Patient ID (including DOB & CHI number)			
Name of person completing this form			

Primary ICD / DSM diagnosis of depression?                          Yes                          No

Severity if known                          Mild                          Moderate                          Severe

Any psychiatric comorbidities?

Current medications prescribed

### **Treatments**

Is there documented evidence that the following non-pharmaceutical treatments have been discussed/considered?

- |  |                                 |    |
|--|---------------------------------|----|
| 1. (a) Appropriate psychological therapies   | Yes                             | No |
| (b) If yes, has the patient been made aware that although one therapy may not be helpful, trying another, or a different therapist, may be beneficial? | Yes                             | No |
| 2. Guided self-help  | Yes                             | No |
| 3. Structured exercise   | Yes                             | No |
| 4. If patient is using, or is contemplating using herbal remedies, have potential drug interactions been highlighted?                                  | Yes      No      Not Applicable |    |

### **Other considerations**

## Suggested checklist for use in intervention stage of audit to inform second audit cycle for SIGN Guideline 114: non-pharmaceutical management of depression

### Treatments

Have the following non-pharmaceutical treatments been considered/offered?

	Considered?	Offered?
1. Psychological therapies		
○ Behavioural activation	<input type="checkbox"/>	<input type="checkbox"/>
○ Individual CBT	<input type="checkbox"/>	<input type="checkbox"/>
○ IPT	<input type="checkbox"/>	<input type="checkbox"/>
○ Problem-solving therapy	<input type="checkbox"/>	<input type="checkbox"/>
○ Short term psychodynamic psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>
○ Mindfulness based CBT in a group setting in recurrent depression	<input type="checkbox"/>	<input type="checkbox"/>
○ Other (give details and rationale)	<input type="checkbox"/>	<input type="checkbox"/>

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Has the patient been made aware that although one therapy may not be helpful, trying another may be beneficial?

Yes      No

### 2. Guided self help

○ CBT/behavioural approach with therapist support	<input type="checkbox"/>	<input type="checkbox"/>
○ Computerised CBT	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Structured exercise

○ Details eg gym referral, walking group	<input type="checkbox"/>	<input type="checkbox"/>
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### Other considerations

- If patient is using, or is contemplating using herbal remedies have potential drug interactions been highlighted?

Yes      No      Not applicable